New Hampshire State Council on the Arts Arts in Health Directory Recommendation Form #1

Name of Arts in Health (AIH) Artist	Directory Applicant:		
Mailing Address: Home Phone:		rk Phone:	
		tion. I realize that the New Hampshire State Council o y application to be on the Arts in Health Directory.	on the Arts will utilize this
I agree to the above waiver: I do not agree with the above waiver:			
Signature of Applicant	Date	Signature of Applicant	Date

To the Evaluator: Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Arts in Health artist will be appreciated. If the applicant has agreed to the above waiver, the New Hampshire State Council on the Arts will hold the letter as confidential. When you have completed this form, please sign and return the original in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Health Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?

2. Where did you see this artist working or teaching? What health care populations was the applicant serving?

3. Please rate the applicant in the following areas:

	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Communication Skills (oral and written)						
Ability to explain benefits of his/her art form in health & healing						
Ability to be flexible in adapting artistic style/ work to needs of vulnerable persons in health care setting						
Ability to maintain boundaries/confidentiality						
Planning/organizational skills						
Knowledge of & prior work experience in health care settings, evaluation and assessment skills						
Maturity and self-management, i.e. creative problem solving skills						
Ability to work with persons of all ages with disabilities						

4. Comments (please attach sheets, keep under 1 page)

5. Please check the category that most accurately summarizes your recommendation:

o Highly Recommended o Recommended with reservations o I do not recommend the applicant

Evaluator's Signature:	Date:
Name (Print)	_ Position:
Institution:	Day Phone:
Address:	Email:

New Hampshire State Council on the Arts Arts in Health Directory Recommendation Form #2

Name of Arts in Health (AIH) Artist	Directory Applicant:		
Mailing Address: Home Phone:		rk Phone:	
		tion. I realize that the New Hampshire State Council o y application to be on the Arts in Health Directory.	on the Arts will utilize this
I agree to the above waiver: I do not agree with the above waiver:			
Signature of Applicant	Date	Signature of Applicant	Date

To the Evaluator: Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Arts in Health artist will be appreciated. If the applicant has agreed to the above waiver, the New Hampshire State Council on the Arts will hold the letter as confidential. When you have completed this form, please sign and return the original in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Health Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?

2. Where did you see this artist working or teaching? What health care populations was the applicant serving?

3. Please rate the applicant in the following areas:

	Unable to	Below Average	Average	Good	Very Good	Outstanding
	Judge	_	_			_
Communication Skills (oral and						
written)						
Ability to explain benefits of						
his/her art form in health &						
healing						
Ability to be flexible in adapting						
artistic style/ work to needs of						
vulnerable persons in health care						
setting						
Ability to maintain						
boundaries/confidentiality						
Written communication,						
planning/organizational skills						
Knowledge of & prior work						
experience in health care						
settings, evaluation and						
assessment skills						
Maturity and self-management,						
i.e. creative problem solving						
skills						
Ability to work with persons of						
all ages with disabilities						

4. Comments (please attach sheets, keep under 1 page)

5. Please check the category that most accurately summarizes your recommendation:

o Highly Recommended o Recommended o Recommended with reservations o I do not recommend the applicant

Evaluator's Signature:	Date:
Name (Print)	_ Position:
Institution:	Day Phone:
Address:	_Email:

New Hampshire State Council on the Arts Arts in Health Directory Recommendation Form #3

Name of Arts in Health (AIH) Artist	Directory Applicant:		
Mailing Address: Home Phone:		k Phone:	
		ion. I realize that the New Hampshire State Council of application to be on the Arts in Health Directory.	on the Arts will utilize this
I agree to the above waiver: I do not agree with the above waiver:			
Signature of Applicant	Date	Signature of Applicant	Date

To the Evaluator: Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Arts in Health artist will be appreciated. If the applicant has agreed to the above waiver, the New Hampshire State Council on the Arts will hold the letter as confidential. When you have completed this form, please sign and return the original in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Health Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?

2. Where did you see this artist working or teaching? What health care populations was the applicant serving?

3. Please rate the applicant in the following areas:

	Unable to	Below Average	Average	Good	Very Good	Outstanding
	Judge	_	_		-	_
Communication Skills (oral and						
written)						
Ability to explain benefits of						
his/her art form in health &						
healing						
Ability to be flexible in adapting						
artistic style/ work to needs of						
vulnerable persons in health care						
setting						
Ability to maintain						
boundaries/confidentiality						
Written communication,						
planning/organizational skills						
Knowledge of & prior work						
experience in health care						
settings, evaluation and						
assessment skills						
Maturity and self-management,						
i.e. creative problem solving						
skills						
Ability to work with persons of						
all ages with disabilities						

4. Comments (please attach sheets, keep under 1 page)

5. Please check the category that most accurately summarizes your recommendation:

o Highly Recommended o Recommended o Recommended with reservations o I do not recommend the applicant

Evaluator's Signature:	Date:
Name (Print)	_ Position:
Institution:	Day Phone:
Address:	_Email: